EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507			#803 Executive Lobbyist Registration No.		
COVERING JANUARY 1 - JUNE 30. COVERING JANUARY 1 - DECEMBER 31. Mail to: the Board of Ethics, 2415 Quait Dr., 3rd Flo	2008 - Dur febru			POR OFFICE USE ONLY POSTMARK Date 2 10 19	
OR <u>Fax to:</u> (225)763-8787 or (225)763-8780		j		3072649	
1. Name Martinez Gn	nnu Fin	Hanne	#_		
2. Business Address: 521 Laurel Street and No.	Street Bat	in Rouge, 1	U G 708 01]
Meiling Address Same (as above				
3. Business Phone <u>225.344.03</u> Area Code and Tele			į.		
 Total of all executive lobbying expenditures in (include expenditures from Schodules A and B) 	ade January I through	June 30: \$	NJA ~		
Total of all executive lobbying expenditures m (When Applicable) (Include expenditures from		cember 31: S	<u> </u>		
 Total of all executive lobbying expenditures in (Line 4 added to Line 5 abould equal Line 6) 	ade during calendar y	ear; 5	Ø		
7. Did you make an expenditure exceeding \$50 o	n one occasion for an	executive branch o	official:		
From January 1 through June 307 From July 1 through December 31?	Yes \[\begin{array}{cc} Yes \begin{array}{cc} \begin{array} \begin{array}{cc} \begin{array}{cc} \begin{array}{cc} \beg	No ₩	na 🗆		
If the answer to either question in Number 7	above is YES, complet	e Schedule A and a	btach.		
8. Did you make expendingres exceeding the sur	ı of \$250 for an execut	ive branch official	:		
From January 1 through June 30? From July 1 through December 31?	Yes ☐	No 🔽	NA 🗆		
If the answer to either question in Number 8 s	bove is YES, complete	Schedule A and a	πεελ.		
Did you expend funds for any reception, social officials were invited during this reporting per		ınction to which π	nore than twenty-	five executive branch	
Yes [] No	□ ∠	,		
If the answer to Number 9 above is YES, comp			j	HAND DELI	VERI
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2)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	s
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the calendar year:	\$
3)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	s
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the calendar year:	\$

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 ex feq. has been deliberately omitted.